

Customer No. 26880

Confirmation No. 5592

PTO/SB/21 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL  
FORM

(To be used for all correspondence after initial filing)

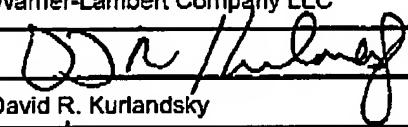
Total Number of Pages in This Submission

Application Number	10/089,819	RECEIVED
Filing Date	August 2, 2002	CENTRAL FAX CENTER
First Named Inventor	John Hughes, et al.	
Art Unit	1617	AUG 30 2006
Examiner Name	Shahnam Sharareh	
Attorney Docket Number	PC17885A (A0000005/1)	

## ENCLOSURES (Check all that apply)

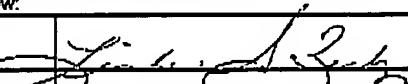
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement as Provided by 37 CFR 1.97(b)
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks Authorization to charge the fee and any additional fees as necessary or credit any overpayment to Deposit Account Warner-Labs hereby given.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Warner-Lambert Company LLC		
Signature			
Printed name	David R. Kurlandsky		
Date	8/30/06	Reg. No.	41,505

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature 

Typed or printed name Linda A. Zerby Date 8/30/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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USPTO Fax No. 571-273-8300

Customer No. 28880

PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

180.00

Complete If Known

Application Number	10/089,819	RECEIVED
Filing Date	August 2, 2002	CENTRAL FAX CENTER
First Named Inventor	John Hughes, et al.	
Examiner Name	Shahnam Sharareh	AUG 30 2006
Art Unit	1617	
Attorney Docket No.	PC17885A	

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 23-0455 Deposit Account Name: Warner-Lambert Company LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

under 37 CFR 1.18 and 1.17

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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

## Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

## Total Claims

## Extra Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x 50.00 = 0.00

## Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

360.00

## Indep. Claims

## Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x 200.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

## - 3 or HP = \_\_\_\_\_ x 200.00 = 0.00

## 4. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x 250.00 = 0.00

## 5. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

Fee Paid (\$)

180.00

## SUBMITTED BY

Signature 

Name (Print/Type) David R. Kurlandsky

Registration No. 41,505

Telephone (734) 622-7304

Date 8/20/06

This collection of information is required by 37 CFR 1.158. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Confirmation No. 5592

PC17885 (A0000005/1)

## IN THE UNITED STATES PATENT &amp; TRADEMARK OFFICE

APPLICANT : John Hughes, et al. EXAMINER : Shahnam J. Sharareh  
SERIAL NO. : 10/089,819 ART UNIT : 1617 RECEIVED  
FILED : August 8, 2002 PAPER NO : CENTRAL FAX CENTER  
FOR : Synergistic Combinations of an NK<sub>1</sub> Receptor Antagonist and a GABA  
Structural Analog AUG 30 2006

Statement as Provided by 37 C.F.R. 1.97(c)

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

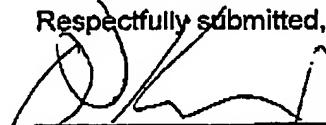
The Applicants submit that the Supplemental Information Disclosure Statement submitted herewith is being filed after the period specified in paragraph 37 C.F.R. § 1.97(d) and before a notice of allowance under § 1.311, and/or an action that otherwise closes prosecution in the application. Further that each item of information contained in the supplemental information disclosure statement was first cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement.

As such, the Applicants respectfully requests consideration of the enclosed Supplemental Information Disclosure Statement and request that all references cited herein be printed on the face of the patent upon grant of the application.

It is understood by the Applicants that this paper requires a fee in accordance with 37 C.F.R. § 1.17 (p) and authorization is given to charge any necessary filing fees and any additional fees or credit any overpayment to Deposit Account 23-0455.

Dated: 8/30/06

Respectfully submitted,

  
David R. Kurlandsky  
Registration No. 41,505  
Warner-Lambert Company LLC  
2800 Plymouth Road  
Ann Arbor, MI 48105  
Telephone: (734) 622-7304  
Facsimile: (734) 622-1553

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Substitute for form 1449/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>		<b>Complete if Known</b>			
		Application Number	10/089,819		
		Filing Date	August 8, 2002		
		First Named Inventor	John Hughes, et al.		
		Art Unit	1617		
Examiner Name	Shahnam Sharareh				
Sheet	1	of	1	Attorney Docket Number	PC17885A (A0000005/1)

<b>NON PATENT LITERATURE DOCUMENTS</b>			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		CUMBERBATCH, M.J. et al., "Reversal of Behavioural and Electrophysiological Correlates of Experimental Peripheral Neuropathy by the NK1 Receptor Antagonist GR205171 in Rats", <i>Neuropharmacology</i> , 1998, pp 1535-1543, Vol 37, No 12	
		DIONNE, R. A. et al., "The Substance P Receptor Antagonist CP-99-994 Reduces Acute Postoperative Pain", <i>Clin Pharmacol Ther</i> , 1998, pp 562-568, Vol 64, No 5	
		FIELD, M.J. et al., "Evaluation of Gabapentin and S-(+)-3-Isobutylgaba in a Rat Model of Postoperative Pain", <i>The Journal of Pharmacology and Experimental Therapeutics</i> , 1997, pp 1242-1246, Vol. 282, No. 3	
		FIELD, M.J. et al., "Gabapentin and Pregabalin, but not morphine and amitriptyline, block both static and dynamic components of mechanical allodynia induced by strychnine in the rat", <i>Pain</i> , 1999, pp 391-398, Vol. 8	

Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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